



STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM
 STD 262 (REV 6/93)

See Instructions and *Privacy
 Statement on Reverse Side

Page 2 of 2 Pages

CLAIMANT'S NAME Phyllis W. Cheng			SSAN OR EMPLOYEE NUMBER*			DEPARTMENT DFEH		
POSITION Director		CB/ID NUMBER Exempt		DIVISION OR BUREAU Executive			INDEX NUMBER	
RESIDENCE ADDRESS*				HEADQUARTERS ADDRESS 2218 Kausen Drive				TELEPHONE NUMBER 916-478-7250
CITY Elk Grove		STATE CA		ZIP CODE 95758				

(1)MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUS NESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
(2)				BREAK-FAST	LUNCH	O.T., L/T N/C RELO OR DINNER		(A) COST OF TRANS	(B) TYPE USED	(C) CARFARE TOLLS, PARK NG	(D) PRIVATE CAR USE			
DATE	TIME										MILES			AMOUNT
04/22	0630	Sacramento/Fresno	84.09		10.00	18.00			SC				112.09	
04/23	1630	Fresno/Sacramento		6.00	10.00		6.00		SC				22.00	
04/23	1705	Sacramento/Burbank							A					
04/24		Los Angeles							B	2.50			2.50	
04/27		Los Angeles												
04/28	0700	Bubank/Sacramento							A					
04/28		W. Sacramento							SC	8.00			8.00	
04/29		Elk Grove/SF/Elk Grove							SC	22.00			22.00	
(10)	SUBTOTALS		84.09	6.00	20.00	18.00	6.00			32.50			166.59	
COLUMN CODE (ACCTG USE ONLY)												Page 1	44.51	
CLAIM TOTAL												\$	211.10	

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (attach receipts/vouchers when required) All airfare paid by employee as her own expense. 4/22/09: Fresno District Office site visit, Fresno. 4/23/09: Speaker, Fair Housing Council of Central CA re: FEHA 50th, Fresno. 4/24/09: Meeting, Secretary of Labor Hilda Solis' Legislative Director, re: FEHA 50th Oct. event, L.A. 4/27/09: Conducted business at L.A. District Office, Los Angeles. 4/28/09: Attended Defensive Driver Training, W. Sacramento. 4/29/09: Speaker, CA Public Utilities Commission/FEHA 50th event, San Francisco.		(12) NORMAL WORK HOURS 0800-1700	
		(13) PRIVATE VEHICLE LICENSE NBR. 6ATW241	
		(14) MILEAGE RATE CLAIMED .55	
		AGENCY ACCOUNTING OFFICE USE ONLY	
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.			
CLAIMANT'S SIGNATURE 	DATE 5/14/09	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 5/21/2009
(17.) SPECIAL EXPENSE AUTHORIZATION-SIGNATURE and TITLE (See Item 17 on reverse)			DATE
